| PATENT APPLICATION ree DETERMINATION RECORD Effective October 1, 2000 pplication or Docket Number, 99781899 | | | | | | | | | | | | |
|---|--|---|---------------------------------------|------------------------------|------------------------------|------------------|-------------|------------|------------------------|----------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | YTITY | OR | OTHER | |
| TOTAL CLAIMS | | | 20 | | S | | [| RATE | FEE | | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | • | BASIC FEE | | OR | BASIC FEE | 710.00 |
| TOTAL CHARGEABLE CLAIMS | | | 20 minus 20= | | . 0 | | | X\$ 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | 5 minus 3 = | | م | | | X40= | | 1 | X80= | 1/0 |
| MU | LTIPLE DEPEN | DENT CLAIM PI | RESENT | | | | | +135= | | OR | | 160 |
| • If | the difference | in column 1 is | less than zero, enter "0" in column 2 | | | | l | | | OR | +270= | CITO |
| CLAIMS AS AMENDED - PART II | | | | | | | | TOTAL | | OR | TOTAL | 870 THAN |
| | | (Column 1) | | (Colur | mn 2) | (Column 3) | | SMALL | ENTITY | OR | SMALL | |
| AMENDMENT A | • | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVK PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | · 15 | Minus | 2 | 20 | a | | X\$ 9= | / | OR | X\$18= | 1 |
| ME | Independent : | . 3 | Minus | 5 |). | = | lt | X40= | -/ | OR | X80= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM . | | | | | | | . 405 | / | | .070 | / |
| | | | | | | | | +135= | (| OR | +270= | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | ADDIT. FEE | | OP | ADDIT. FEE | |
| | CLAIMS | | | | Column 2) (Column 3) HIGHEST | | | | ADDI- |) | | 4001 |
| ENDMENT B | | REMAINING AFTER AMENDMENT | | PREVI | IBER OUSLY FOR | PRESENT EXTRA | | RATE | TIONAL | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | •• | | = | | X\$ 9= | | OR | X\$18= | |
| AME | Independent | · | Minus | | F 01 A114 | - | | X40= | | OR | X80= | |
| L_ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | , | +135= | | OR | +270= | |
| TOTAL AODIT. FEE | | | | | | | | | | OR | TOTAL ADDIT. FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | _] |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | in the | NUM PREVI | HESY IBER OUSLY FOR | PRESENT EXTRA | $\int \int$ | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | •• | | = | | X\$ 9= | | OR | X\$18= | ; |
| AME | Independent | • | Minus | ••• | | = | | X40= | | OR | X80⇒ | |
| ╚ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135= | | | +270= | |
| * If the entry in column 1 is less than the entry in column 2, write *0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter *20.** ADDIT FEE | | | | | | | | | | OR OR | TOTAL ADDIT: FEE | |
| ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |

FORM PTO-875 (Rev. 8/00)

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